

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0400000552

**FILED**  
**Mar 26, 2020**  
**Secretary of State**  
**9563136806CC**

**Entity Name:** SAFEGUARD PROPERTIES III LLC

**Current Principal Place of Business:**

3384 PEACHTREE ROAD, NE  
SUITE 400  
ATLANTA, GA 30326

**Current Mailing Address:**

3384 PEACHTREE ROAD, NE  
SUITE 400  
ATLANTA, GA 30326 US

**FEI Number:** 20-0411140

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title EVP, COO, &CFO  
Name RINDER, MARK B  
Address 3384 PEACHTREE ROAD, NE  
City-State-Zip: ATLANTA GA 30326

Title CEO, AUTHORIZED MEMBER,  
AUTHORIZED REPRESENTATIVE  
Name DEGNER, MARK  
Address 3384 PEACHTREE ROAD, NE  
SUITE 400  
City-State-Zip: ATLANTA GA 30326

Title VP, AUTHORIZED MEMBER,  
AUTHORIZED REPRESENTATIVE  
Name CARMICHAEL, BRADFORD  
Address 3384 PEACHTREE ROAD, NE  
SUITE 400  
City-State-Zip: ATLANTA GA 30326

Title AUTHORIZED REPRESENTATIVE  
Name GOONAN, JIM  
Address 105 MAXESS ROAD  
SUITE 125  
City-State-Zip: MELVILLE NY 11747

Title AUTHORIZED REPRESENTATIVE  
Name LABRIER, ROBERT  
Address 6371 KEYSTONE STREET  
City-State-Zip: PHILADELPHIA PA 19135

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRADFORD CARMICHAEL

**VP CONTROLLER,  
AUTHORIZED  
REPRESENTATIVE**

**03/26/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

